JUN 0 5 2009

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.			
10/590,111	10/590,111 05/14/2007		Yasumichi Fukuda		2006_1166A	2133			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/09/2009			
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	HAWQUIA	1626	548-200000 .	J ·					
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.	lication (or "Fee Address") Of more recent) attach	" Indication form ed. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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Authorized Signature		Klerca		June 5 Date 06/08/200	5, 2009 9-SZEWDIE2-00000	15-10590111			
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an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, Alexandria, Virginia 22	ntiality is governed by 33 and application form to the tions for reducing this but Virginia 22313-1450. Do 313-1450.	o U.S.C. 122 and 37 CFN e USPTO. Time will var orden, should be sent to to O NOT SEND FEES OR	y depending upon the indi- he Chief Information Offic COMPLETED FORMS T	widual case. Any comme er, U.S. Patent and Trad O THIS ADDRESS. SE	ents on the amount of the emark Office, U.S. Der ND TO: Commissioner	nd by the US 100 (Up) ng gathering, preparing, and time you require to complete vartment of Commerce, P.O. for Patents, P.O. Box 1450,			
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				. (Signature)					
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	DR ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/590,111	05/14/2007		Yasumichi Fukuda	ta 2006_1166A 2133					
TITLE OF INVENTION	BICYCLOAMIDE DE	RIVATIVE					÷		
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nonprovisional	NO	\$1510	\$300	\$0		\$1810	07/09/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
YOUNG, SI	HAWQUIA	1626	548-200000						
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Change of corresp Address form PTO/SI	ondence address (or Cha 3/122) attached.	nge of Correspondence	or agents OR, alternati	vely,	_	2			
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PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assign assignment.	HES FO	Mind find Mark OR THIS PAPER	ICIENCY UNITHE for TO DEPOSIT		
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CIT	Y and STATE OR A	COL	ENT NO. 23-097:	5		
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Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Co	orporatio	n or other private gro	oup entity Government		
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